



February 20, 2009

HOUSE BILL No. 1726

DIGEST OF HB 1726 (Updated February 19, 2009 11:38 am - DI 77)

Citations Affected: IC 12-15.

Synopsis: Chiropractor office services. Requires the Indiana check-up plan to include chiropractor office services. Provides that the Indiana check-up plan may not permit treatment limitations or financial requirements on the coverage of chiropractor office services if similar limitations are not imposed on the coverage of physician office services.

Effective: July 1, 2009.

Reske, Brown C

January 22, 2009, read first time and referred to Committee on Rules and Legislative Procedures.

February 3, 2009, reassigned to Committee on Public Health.

February 19, 2009, amended, reported — Do Pass.

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HB 1726—LS 6581/DI 44+



February 20, 2009

First Regular Session 116th General Assembly (2009)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2008 Regular Session of the General Assembly.

HOUSE BILL No. 1726

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-15-44.2-4, AS ADDED BY P.L.3-2008,
2 SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2009]: Sec. 4. (a) The plan must include the following in a
4 manner and to the extent determined by the office:

- 5 (1) Mental health care services.
- 6 (2) Inpatient hospital services.
- 7 (3) Prescription drug coverage.
- 8 (4) Emergency room services.
- 9 (5) Physician office services.
- 10 (6) Diagnostic services.
- 11 (7) Outpatient services, including therapy services.
- 12 (8) Comprehensive disease management.
- 13 (9) Home health services, including case management.
- 14 (10) Urgent care center services.
- 15 (11) Preventative care services.
- 16 (12) Family planning services:
17 (A) including contraceptives and sexually transmitted disease

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testing, as described in federal Medicaid law (42 U.S.C. 1396 et seq.); and

(B) not including abortion or abortifacients.

(13) Hospice services.

(14) Substance abuse services.

(15) Chiropractor office services.

(b) The plan must do the following:

(1) Offer coverage for dental and vision services to an individual who participates in the plan.

(2) Pay at least fifty percent (50%) of the premium cost of dental and vision services coverage described in subdivision (1).

(c) An individual who receives the dental or vision coverage offered under subsection (b) shall pay an amount determined by the office for the coverage. The office shall limit the payment to not more than five percent (5%) of the individual's annual household income. The payment required under this subsection is in addition to the payment required under section 11(b)(2) of this chapter for coverage under the plan.

(d) Vision services offered by the plan must include services provided by an optometrist.

(e) The plan must comply with any coverage requirements that apply to an accident and sickness insurance policy issued in Indiana.

(f) The plan may not permit treatment limitations or financial requirements on the coverage of mental health care services or substance abuse services if similar limitations or requirements are not imposed on the coverage of services for other medical or surgical conditions.

(g) The plan may not permit treatment limitations or financial requirements on the coverage of chiropractor office services if similar limitations or requirements are not imposed on the coverage of physician office services.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1726, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Delete the title and insert the following:

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Delete everything after the enacting clause and insert the following:

(SEE TEXT OF BILL)

and when so amended that said bill do pass.

(Reference is to HB 1726 as introduced.)

BROWN C, Chair

Committee Vote: yeas 8, nays 3.

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